



"Doin it for the Cruiz"

Membership Application Form

Membership: (please circle)

Full (GT & Replicas)

Associate (other models)

Name: _____

Address: _____

Email: _____

Phone: _____

VEHICLE DETAILS (please circle)

Model: XR XT XW XY XA XB XC

Body: Sedan Coupe Ute Panel Van Station Wagon

Colour: _____

GT: Genuine or Replica

Special Features: _____

CLUB RUNS – INTEREST - Where would you like to go for a Cruiz?

What distance would you travel with your GT: _____

Other interests etc (ie swap meets, car shows) _____

Payment Options
Cheque made out to:

Falcon GT Club of Canberra Inc.
Post to: PO Box 861
Fyshwick ACT 2609
or

Bank transfer to:
Falcon GT Club of Canberra Inc.
ANZ BSB: 012 – 936 Account No: 482611276

Office use only

New Membership Fee \$60

Membership Number